

**APPLICATION TO PICK UP A VOTE-BY-MAIL BALLOT  
BY A SPOUSE, CHILD, PARENT, GRANDPARENT, GRANDCHILD, SIBLING  
OR PERSON RESIDING IN THE SAME HOUSEHOLD AS VOTER (MUST BE 16  
YEARS OF AGE OR OLDER)  
(Elections Code Section 3009(b).)**

I, \_\_\_\_\_ affirm that I have been authorized by  
Print Your Name

\_\_\_\_\_ to pick up his/her Vote-by-Mail ballot and I am  
Print Name of Person Needing Ballot

16 years of age or older. My relationship to the person needing the Vote-by-Mail ballot is SPOUSE,  
CHILD, PARENT, GRANDPARENT, GRANDCHILD, SIBLING OR PERSON  
RESIDING IN THE SAME HOUSEHOLD AS VOTER. (Circle one.)

**If you are not presently affiliated with any qualified political party please see box below:**

☐ I am not presently affiliated with any qualified political party. However, for this election ONLY,  
I request a Vote-by-Mail ballot for the \_\_\_\_\_ Party.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS  
TRUE AND CORRECT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_